

Adult Assessment and Immunizations ***At Ages 50 & 65***

All providers should review a patient's vaccination status at *every* visit to identify risk factors and administer appropriate vaccines when indicated. Risk factors for pneumococcal disease and influenza, as well as susceptibility to tetanus and diphtheria, increase at age 50. Therefore, experts recommend using ages 50 and 65 for routine assessment and immunization.

At 50 years of age:

1. Review immunization status.
2. Begin *annual* influenza immunization, regardless of risk factors.
3. Administer Td, if there is no documentation of a dose in the previous 10 years.
4. Determine whether patient has one or more risk factors that indicate need to receive a dose of pneumococcal vaccine.

At 65 years of age:

1. Review immunization status.
2. Continue *annual* influenza vaccination, regardless of risk factors.
3. Administer Td, if no documentation of a dose in the previous 10 years.
4. Administer one dose of pneumococcal vaccine to:
 - Persons who have never been vaccinated, regardless of risk factors.
 - Persons with unknown vaccination status.
 - Persons previously vaccinated - revaccinate **once** if it has been ≥ 5 years since the previous dose and they were < 65 years of age at the time of that vaccination.

PNEUMOCOCCAL POLYSACCHARIDE 23-VALENT VACCINATION (PPV23) is recommended for everyone ≥ 65 years of age, and persons 2 – 64 years of age who:

- ♦ have a chronic illness such as cardiovascular or pulmonary disease (except asthma), diabetes, alcoholism, chronic liver disease, cochlear implants and cerebrospinal leaks;
- ♦ have anatomic or functional asplenia;
- ♦ have HIV infection;
- ♦ are immunocompromised (including immunosuppression caused by medication, renal failure or nephrotic syndrome);
- ♦ live in long term care facilities; or
- ♦ are Native American.